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CONFIRMATION NO. 7248

<b>SERIAL NUMBER</b> 10/552,443	<b>FILING OR 371(c) DATE</b> 08/16/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> John J. Kopchick, Athens, OH; Bruce Kedler, Athens, OH; Keith S Boyce, Wexford, OH; Andres Kriete, Pittsburgh, PA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/10191 04/02/2004 which claims benefit of 60/460,415 04/07/2003 and claims benefit of 60/506,716 09/30/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 03/15/2007</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 21
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> John J. Kopchick 4 Orchard Lane Athens, OH45701				
<b>TITLE</b> Diagnosis of hyperinsulinemia and type II diabetes and protection against same				
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	